



Tour Director/Advisor Application

DIRECTIONS

- 1) Whether this is your first trip with TSA Tours or twentieth, you must fill out this application completely to assure that we have the latest up-to-date information for your file.
- 2) Please type or print clearly all the required information in black or blue ink.
- 3) Please mail this application to TSA Tours.

Office use only:

GENERAL INFORMATION

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____
(Same as it appears on your passport)

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____ HOME PHONE (____) _____ HOME FAX (____) _____

WORK/SCHOOL PHONE (____) _____ EXT. _____ WORK/SCHOOL FAX (____) _____

BEST TIME/HOME _____ BEST TIME/WORK _____ BIRTHDATE ____/____/____ AGE _____ MALE FEMALE

SOCIAL SECURITY NUMBER _____ CITIZEN OF WHICH COUNTRY? _____

PASSPORT NUMBER _____ EXPIRATION DATE ____/____/____ NOTE: PASSPORT MUST BE VALID FOR 6 MONTHS BEYOND RETURN DATE

EMERGENCY CONTACT AT HOME WHILE TRAVELING: NAME: _____ PHONE (____) _____

PROGRAM INFORMATION

NAME OF EMPLOYER/SCHOOL _____ SCHOOL SIZE _____

EMPLOYER/SCHOOL ADDRESS _____

CITY _____ STATE _____ ZIP _____

POSITION _____ SUBJECTS TAUGHT _____

TRAVEL INFORMATION

PROGRAM NAME _____

PROGRAM PLAN: HOMESTAY HOTEL HOTEL & HOMESTAY CRUISE

DEPARTURE DATE _____ AM PM DEPARTURE CITY _____

PLEASE INDICATE IF YOUR SPOUSE IS PLANNING TO PARTICIPATE IN THE PROGRAM AS: A PAYING PARTICIPANT AN ADVISOR

I WILL REMAIN OVERSEAS AND RETURN AT A LATER DATE (PLEASE SEND ME A TSA TOURS AIR DEVIATION FORM)

HAVE YOU PARTICIPATED AS AN ADVISOR IN A TSA TOURS PROGRAM? YES NO IF YES, PLEASE INDICATE WHEN _____

HAVE YOU PARTICIPATED AS AN ADVISOR IN AN OVERSEAS TRAVEL STUDIES PROGRAM WITH ANOTHER ORGANIZATION IN THE LAST 5 YEARS?
 YES NO

IF YES, PLEASE INDICATE WHEN AND WITH WHOM _____

My signature below indicates that I have read the TSA Tours Terms of Participation and General Information and will abide by its contents, and that I am physically and emotionally capable of overseas travel. I understand that as an advisor I have additional responsibilities as listed in the orientation material that will be sent to me.

SIGNATURE _____ DATE SIGNED _____



PLEASE RETURN THIS FORM TO:

5865 South Kyrene Road, Suite 2, Tempe, Arizona 85283 Phone: 480-345-6630 Fax: 480-345-7817